

RI 1310

Statement of Claimant to Refund Due - Deceased TaxpayerFor calendar year
19 and endingor other taxable year beginning
19

Please type or print	Name of decedent		Name of claimant
	Date of death	Social security number	Number and street
	Number and street (Permanent residence or domicile on the date of death)		
	City or town, State, and Zip code		City or town, State, and Zip code

I am filling this statement as (check only one box):

- A. ☐ Surviving wife or husband. Claiming a refund based on your joint return (See instructions)
- B. ☐ Administrator or executor. Attach a court certificate showing your appointment.
- C. ☐ Claimant, for the estate of the decedent. Other than above. Complete Schedule A and attach a copy of the death certificate or proof of death.

Please attach request information. Complete Schedule A, if applicable and sign below.

Schedule A. (To be completed only if C above is checked.)	Yes	No
1. Did the deceased leave a will?		
2.(a) Has an administrator or executor been appointed for the estate of the decedent?		
(b) If "No," will one be appointed?		
if 2(a) or (b) is checked "Yes" do not file this form. The administrator or executor should file for the refund.		
3. Will you, as the claimant for the estate of the decedent, disburse the refund according to the law of the STATE OF RHODE ISLAND OR THE STATE WHERE THE DECEDENT WAS DOMICILED		
N "No," payment of this claim will be withheld pending submission of proof of your appointment as administrator or executor or other evidence showing that you are authorized under YOUR STATES law receive payment.		

Signature and Verification

I hereby make request for refund of taxes overpaid by or in behalf of the decedent and declare under penalties of perjury that I have examined this claim and to the best of my knowledge and belief, it is true, correct and complete.

Signature of claimant Date

May be the original or an authentic copy of a telegram or letter from the Department of Defense notifying the next of kin of his death while in active service or a death certificate issued by an appropriate officer of the Department of Defense.

IMPORTANT

If the claimant is a surviving spouse and the decedent dies in the current tax year prior to filing a joint return then this form does not need to be completed. Write the word "Deceased" after the name of the decedent and show the date of death in the name and address space on your return. Enter the words "filing as Surviving Spouse" on the signature line, then sign on the line provided.

Instructions:

1. Enter name, date of death, social security number and last known address for the deceased taxpayer.
2. Enter name and present address of the person or firm to whom the refund is to be paid.
3. Check off box, A,B, or C. Attach applicable documents.
4. Sign this form and either attach it to your Rhode Island tax return or if the return has previously been filed mail it to.

**STATE OF RHODE ISLAND
DIVISION OF TAXATION
ONE CAPITOL HILL
PROVIDENCE, RI 02908-5800**